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UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF of CLAIM

Name of Debtor: VINCENT R. AND DARCY J. TULLOCK

Case Number: 00-00774

NOTE: This form should be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. 503

Court space only

Name and address of creditor:

Washington Mutual
P.O. Box 11642
Tacoma, WA 98411-6642
Telephone Number:

(x) Check box if you are aware that anyone has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
() Check if you have never received any notices from the bankruptcy court in this case.
() Check box if the address differs from the address on the envelope sent to you by the court.

Account or other Number by which creditor

Check here if (x) replaces

which creditor identified debtor:

this claim () amends a previously filed claim dated

1. Basis for Claim

() Retiree benefits as defined in 11 U.S.C. 1114(a)

(x) Goods Sold Repossessed

() Taxes

() Services Performed Domicile () Wages, salaries, and compensation Your SS#: _____

() Money Loaned in chapter 7 Unpaid compensation for services performed from _____ to _____

() Personal Injury/wrong death _____ (date) _____ (date)

2. Dated debt was incurred:

3. If court judgment, date obtained:

4. Total amount of Claim at Time Case Filed: \$2104.22

If all or part of your claims is secured or entitled to priority, also complete item 5 or 6 below.

() Check this if claims includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

() Check if your claim is secured by collateral.

Brief Description of Collateral: () Real Estate () Motor Vehicle () Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

() Check here if you have an unsecured priority claim amount entitled to priority \$ _____.

Specify the priority of the claim:

() Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. 507(a)(3)

() Contributions to an employee benefit plan 11 U.S.C. 507(a)(4)

() Up to \$1,950* of deposits toward purchase, lease, or rental of property or services of personal, family, or household use 11 U.S.C. 507(a)(6).

() Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. 507(a)(7)

() Taxes or penalties owed to governmental units 11 U.S.C. 507(a)(8).

() Other - Specify applicable paragraph of 11 U.S.C. 507 (a) ()

* Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

This Space for
COURT USE ONLY

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date:

8/28/01

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (Attach copy of power of attorney, if any.):

[Signature]

Jake W. Peterson, attorney for Debtors.

RECEIVED
CLERK OF DISTRICT COURT
IDAHO

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